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PTO/SB/02B (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION -- Supplemental Priority Data Sheet

Additional foreign applications:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional provisional applications:

Application Number	Filing Date (MM/DD/YYYY)

Additional U.S. applications:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
07/852,013			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Weining				Jiang					
Inventor's Signature							Date		
Residence: City	New York	State	NY	Country	US			Citizenship	
Post Office Address	Apartment 2H, 430 East 63rd Street								
Post Office Address									
City	New York	State	NY	ZIP	10021	Country	US		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Masanori				Mitta					
Inventor's Signature							Date		
Residence: City	Kyoto	State		Country	Japan			Citizenship	
Post Office Address	42-14-2-321, Hensyoware, Jusauchi, Tanabe-cho, Tsuzuki-gun								
Post Office Address									
City	Kyoto	State		ZIP	610-03	Country	Japan		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])				Family Name or Surname					
Masayori				Inouye					
Inventor's Signature							Date		
Residence: City	Piscataway	State	NJ	Country	US			Citizenship	
Post Office Address	Apartment 107B, 280 Riber Road								
Post Office Address									
City	Piscataway	State	NJ	ZIP	08854	Country	US		

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Jean-Pierre				Etchegaray				
Inventor's Signature						Date		
Residence: City	Highland Park	State	NY	Country	US	Citizenship		
Post Office Address	223 Lincoln Avenue							
Post Office Address								
City	Highland Park	State	NJ	ZIP	08904	Country	US	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature						Date		
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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